

## **Orientation Session**

## **Licensing Orientation Session Instructions:**

Please R.S.V.P. for the date that corresponds with the first letter of your last name:

Last name beginning with letters **A-H**: Tuesday, **January 8**, **2013** 9:00 a.m. - 4:00 p.m.

Last name beginning with letters **I-M**: Wednesday, **January 9**, **2013** 9:00 a.m. - 4:00 p.m.

Last name beginning with letters **N-Z**: Thursday, **January 10, 2013** 9:00 a.m. - 4:00 p.m.

Example: John **Smith,** will attend the Orientation scheduled for January 10, 2013 because his last name begins with an **S** which falls into the **N-Z** category.

Please submit your name, phone number, request for a translator indicating what language, and specify the type of facility you propose to operate- center based or home daycare to the following email address: <a href="mailto:ossedel.licensing@dc.gov">ossedel.licensing@dc.gov</a> by January 2, 2013.

All sessions will be held at the Office of the State Superintendent of Education at 810 1<sup>st</sup> Street, NE, 3<sup>rd</sup> Floor, Washington, DC 20002.

\*It is mandatory for the staff person, who will be listed on the application to attend the Orientation Session. We understand that if this is a new site that the title of the director may change after the initial application is completed.

If you have any questions please contact Karan Buster at (202)727-1839.